

**PERSONIX LAYOUT**  
**STATE OF ARIZONA - SCHALLER ANDERSON**  
**Identification Card**  
(Rev. 09/16/04)

Insert Front

Insert Back

EMPLOYEE NAME  
ADDRESS  
CITY, ST ZIP

AZ Benefit Options-Harrington  
PO Box 33396  
Phoenix AZ 85067-3396

This is your new member ID card for the Arizona Benefit Options Program. You will need to show this card when you receive medical care or prescription medication. Please verify that your information on the front is correct. If you need additional cards, need a correction made or have a question, please call Customer Services at 1-888-999-1459.

This card uses a unique 9 digit number (not your Social Security Number) to protect your privacy.

Please note, your PCP may have been auto-assigned due to an invalid PCP record number reported during the enrollment process.



**Schaller Anderson- EPO Plan**

Client ID#: 3J  
Patient Name:  
Member ID:  
Effective Date:  
PCP Name:

|             |                |                |                    |
|-------------|----------------|----------------|--------------------|
| PCP Visit   | \$10           | RxBIN 603286   | Rx Member Services |
| Specialist  | \$10           | RxPCN 01410000 | Help Desk          |
| Hospital ER | \$75           | RxGrp 512298   | 1-866-722-2141     |
| Urgent Care | \$20           | Issuer: 80840  |                    |
| RX          | \$10/\$20/\$40 |                |                    |

Customer Service # 1-888-999-1459

**This card and/or pre-certification does not guarantee coverage.**



Travel Network  
applies outside  
Gila, Maricopa,  
Pima, Pinal,  
and Santa Cruz  
counties

To verify a provider's status in the EPO  
network call  
1-888-999-1459.  
[www.myazhealth.com](http://www.myazhealth.com)

**Send all claims to:**  
AZ Benefit Option - Harrington  
PO Box 785  
Pueblo, CO 81002-0785  
Payor ID # 95266

**PRE-CERTIFICATION REQUIREMENTS**

**ATTENTION EMPLOYEES, HOSPITALS, AND PHYSICIANS:** Call before a scheduled hospital admission or within 2 work days after an emergency admission, otherwise benefits may be reduced or denied. You must also call to pre-certify specific outpatient services.

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